RUN DATE OF REPORT: 08/13/2003 LAST FILE UPDATE: 08/12/2003 OSCAR REPORT 3 PAGE: 1

HISTORY FACILITY PROFILE

PROVIDER #: 465122 FACILITY BEDS
PHONE NUMBER: (801) 399-5846
PARTICIPATION DATE: 11/07/1989 CERTIFIED: 72

TYPE ACTION: RECERTIFICATION
TOTAL: 72
TYPE OWNERSHIP: FOR PROFIT - CORPORATION ASPEN CARE CENTER

2325 MADISON AVENUE OGDEN UT 84401 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 01/09/2003					LTC ADMISSION/SUSPENSION DATES				TOTAL CERTIFIED BEDS: 72					
	TOTAL:				ADMISSI SUSPENSI	ON SUS	PENDED:			18	18/19	19	ICF/MR	
		36 17			SUSPENSI	ON RES	CINDED:			34	38			
CURRENT	SURVEY R	EVISIT DA	TES - 02/19	/2003										
PRIOR 3 SURVEY 07/1999	S/S PR CODE SU 10	RVEY CC	S PRIOR 1 DDE SURVEY 12/2001	- , -		CODE	PLAN/DATE OF CORRECT		PROGRAM	I REQI	JIREMENTS			
x x x x	E B E E	х г)		хс	E	01/10/2003	REQ REQ REQ REQ	F0281-SERVIC F0312-ADL CA F0371-STORE/	LEAN, ES PI RE PI PREP	ROVIDED ME ROVIDED FO ARE/DISTRI	ET PROI R DEPEI B FOOD	ELIKE ENVIRONME FESSIONAL STAND NDENT RESIDENTS UNDER SANITARY PREAD OF INFECT	ARDS CONDS
85 EXIST	PRIOR 2 SURVEY	T 85 EXIS		OF C	AN/DATE	1			'ICIENCIES - BL					
X X X	X	X	X N X C		./10/2003	K0015-INTERIOR FINISH - ROOMS K0018-CORRIDOR DOORS K0021-DOORS IN FIRE AND SMOKE PARTITIONS K0038-EXIT ACCESS								
X X	X	X	ХС	01	./13/2003									

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	1	0	1	5
HEALTH TOTAL	1	0	1	5
LIFE SAFETY CODE	4	3	3	6
LIFE SAFETY CODE + HEALTH	5	3	4	11

COMPLAINT SURVEY INFORMATION

STATUS
UNSUBSTANTIATE
UNSUBSTANTIATE
UNSUBSTANTIATE
UNSUBSTANTIATE

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY